

[illegible]

1. A method for targeting a high-risk member of a healthcare plan for proactive care, using data from a plurality of claims, the method comprising:

2. The method of claim 1 further comprising generating a display showing the intervention flag and the medical episode in association with an identification of the member.

4. The method of claim 1 further comprising, prior to the act of searching, choosing the high-risk member using a predicted future cost as specified by a predictive model.

5. The method of claim 1 wherein the searching step includes searching the plurality of claims to identify an intervention flag selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

6. The method of claim 1 further comprising linking the intervention flag to each of the plurality of claims corresponding to the intervention flag.
7. The method of claim 2 further comprising calculating a future cost for the member and displaying the future cost in association with the identification of the member.
8. The method of claim 2 further comprising calculating a relative risk for the member and displaying the relative risk in association with the identification of the member.
9. The method of claim 2 wherein the intervention flag reflects the presence of a medical episode for which the member is not seeing an appropriate provider and further wherein the display indicates the medical episode and the appropriate provider.
10. The method of claim 1 wherein the intervention flag is the presence of a medical episode in the plurality of claims for which for which the member is missing a specified treatment.
11. The method of claim 1 wherein the intervention flag is the presence of a medication in the plurality of claims for which the member is noncompliant.
12. The method of claim 1 wherein the medical episode is defined in terms of CCG categories.
13. The method of claim 1 wherein the medical episode driving cost is identified by determining which of a plurality of medical episodes

present in the plurality of claims has a highest actual cost.

14. The method of claim 1 wherein the medical episode driving cost is identified by determining which of a plurality of medical episodes present in the plurality of claims has a highest average cost according to benchmark medical episode data.

15. The method of claim 1 wherein the medical episode driving cost is identified by assigning a ranking to each of the plurality of medical episodes present in the plurality of claims based on a combination of an associated cost for the member and an average benchmark cost.

16. A method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care, using data from a plurality of claims corresponding to the plurality of members, the method comprising:

- filtering the plurality of members using a filter criterion to identify a set of high-cost members;
- identifying the presence of an intervention flag for each member in the set of high-cost members, by analyzing the claims corresponding to each member;
- and
- generating a display showing the intervention flag for each member in association with an identification of the member.

17. The method of claim 16 wherein the filter criterion is a predicted future cost as specified by a predictive model.

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18. The method of claim 16 further including searching the plurality of claims for the presence of a member of the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

19. The method of claim 16 wherein the intervention flag is selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

20. The method of claim 16 further comprising identifying a medical episode driving cost from the plurality of claims for each member in the high-cost set of members.

21. A method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care, using data from a plurality of claims corresponding to the plurality of members, the method comprising:

filtering the plurality of members using a filter criterion to identify a set of high-cost members; and identifying a medical episode driving cost from the plurality of claims.

22. The method of claim 21 wherein the filter criterion is a predicted future cost.

23. The method of claim 21 wherein the predicted future cost is calculated using a predictive model.



